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ABSTRACT

This paper reports a case study of an 8-year-old deaf, blind, and mentally impaired girl who was self-abusive. The behavior was excessive to the point that she sustained fractures to her jaw and arm and had to be restrained. Several treatment techniques were unsuccessfully attempted, including sensory stimulation, aversive conditioning, and extinction. Subsequently, a sensory affective training approach was used, with a staff member holding the girl throughout the school day, massaging her, rocking her, developing a trusting relationship. The intervention was successful, with hitting behaviors dropping from 400 times per hour to an average of two times per day. The girl became more autonomous and interested in her environment and later learned to sign and to take care of her basic needs. (JDD)

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[Jenny: A Teacher]

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"It's a very ancient saying but a true and honest thought that when you become a teacher by your pupils you'll be taught."

As a special education teacher I always thought this line from Rodger's and Hammerstein's 'The King and I' had some validity. It wasn't until I met Jenny that the truth of this statement was driven home.

Jenny was the teacher. I was the student. She not only stimulated a personal and professional growth but was the inspiration to a rather revolutionary approach to behavior management.

She was eight years old when I first met her. A beauty, long limbs and trunk, a dancer's body. She had a radiance, that sort of complexion where light shone from behind the skin, a glow to her. Something in her regal features and carriage reminded me of royalty, sort of a young Princess Nefertiti.

Jenny, deaf, blind and mentally impaired had been assigned to my behavior classroom in hopes of eliminating or containing the behavior that handicapped her more than all others. Jenny was self-abusive.

In my years as a special education teacher, I never encountered an individual so driven to injure herself. Jenny would ball up her fist and hit herself in the face like a boxer going for the knockout punch again and again and again. Our baseline data revealed that the hits occured in excess of 400 times per hour.

The behavior was so excessive and life threatening that she spent most of her life in some form of mechanical restraints designed to prevent her from hurting or destroying herself. The restraints and the abusive behavior interferred with her attainment of even the simplest developmental tasks. She couldn't walk, toilet or feed herself. Her face, beautiful face, was calloused and scarred, souveniers of years of self-abuse. Jenny hit herself

with such drive and intensity that in the past she had sustained fractures to both her jaw and arm.

She began this self-abusive form of behavior in her first year of life. One can only hypothesize as to the cause. Was it a means to gain attention? Did it start as a form of self-stimulation for this sensory deprived girl? Was it a means to act out her rage at being shut off from the rest of the world?

The reasons really didn't matter. As her teacher in the behavior/resource room, it was my role to develop a behavior plan designed to eliminate or reduce the behavior.

Whenever I tell someone the type of work I do, they always exclaim "Oh, you must be so patient". And I just smile, knowing that I'm not at all patient, but very, very stubborn. So I stubbornly and righteously set about to change Jenny.

The school files revealed that various programs had already been tried: manual restraints (holding her arms down anytime she hit), mechanical restraints (the use of devices to prevent her from hitting herself), and a most controversial technique, Lovassion face slapping (in this method, each time she hit herself, specially trained staff would apply a hit to her face).

Nothing that had been attempted by a very competent staff had changed Jenny or freed her from self-abuse. But I, I was going to change her. The first procedure I attempted was to apply massive doses of sensory stimulation. Blind/deaf children are very deprived in their ability to explore and know the world. Perhaps if the world was known to her it wouldn't prove so threatening.

We developed an intensive sensory program for Jenny, creating for her experiences that the normal seeing and hearing child comes to naturally. We let her play in pudding and peanut butter, roll in leaves and grass with the staff jumping right in with her. It was heartbreaking to see Jenny sitting in a wading pool full to the brim with crisp, aromatic leaves, wailing and slugging

herself, leaves flying about the room stirred up by this very agitated, angry, fearful, young lass. It didn't work.

Recalling the old adage, 'Change never takes place until the fear of staying where we are becomes greater than the fear of where we're going.', the psychologist and I developed an aversive conditioning program. Aversing conditioning has been used by parents thru the centuries.

In essence one is using it when one says 'If I spank you for touching the hot stove, you'll hate being spanked so much that you'll not want to touch the stove again'. We designed a procedure where each occurance of self-abuse was addressed with specific aversive response.

During two daily training sessions, Jenny was placed in a padded chair with a padded tray. (This was necessitated by the fact that when Jenny couldn't get attention or change, from slugging her face, she would resort to other forms of self-abuse [i.e. banging her head on the table, the tray or her shoes]). During the training sessions we presented Jenny with various educational tasks and if she hit during this time, she was sprayed in the face with water from a mister. This is a frequently successful and accepted technique of behavioral intervention. When we first began with Jenny, it seemed like it was going to work. The frequency of behavior was reduced from 400 to 150 times per hour.

It was a horrible procedure to administer. Hit, mist in the face. Hit, mist in the face. With each hit, with each mist, she wailed harder and harder and often times there were tears streaming down her face, blurred among her face drenched with water from being misted. This procedure slowed the behavior down for a while but soon she was hitting herself with an even greater frequency. It was as if she assimilated misting as just another part of the hell in which she lived.

Once it was realized that the aversive misting procedure was ineffective, it was immediately and with great relief discarded. We hypothesized this procedure was unsuccessful with Jenny because over the years the hitting had proved so effective in controlling the world and the people in it. In hitting she had power. By hitting she was able to manipulate people to take over the needs that she was unable to meet herself. By hitting herself, she forced people to intervene in some way. The intensity of her self-abuse forced people to intervene to protect her from herself. By hitting she forced people to hold her, lovingly dress her wounds or place her in some kind of manual or mechanical restraint to stop the behavior. The touch, the misting, intervening in any way was like giving the kid a cookie for refusing to eat her dinner. By interacting with her in any way for hitting, it was letting Jenny know that this was a viable means of getting people to respond to her.

Because Jenny's behavior of hitting was so potentially life-threatening, the most logical technique of remediation was tried. Ignore it. Extinction. We'll try extinction.

Once again we placed Jenny in the padded chair, only this time we had her wear a helmet with a face guard and boxing gloves on her hands. By using these protective devices she wouldn't be able to hurt herself and therefore we wouldn't be forced to intervene. There would be no payoff for the behavior.

And so Jenny began her program of extinction. For the four and one half hours of her school day, excluding lunch when she went to another room where she was only removed from a body wrap for eating. (A body wrap is sheet that is loosely wrapped around a body to provide natural warmth and comfort.) Jenny sat in a padded chair hitting and hitting. A staff member sat by her using a digital clicker so that data could be collected on the frequency of the hitting and any potential mishaps avoided.

We persevered in this procedure for several weeks and it was with great frustration that the procedure was discarded due to its ineffectiveness.

Jenny kept slugging, regardless of the procedures and consistency of operation (water mist, extinction, sensory stimulation). She was driven to continue her self-destruction. Everything that the literature and behavior science said would work, didn't work with Jenny. Was she destined to spend her life in some sort of mechanical restraint to prevent her from killing herself?

With great resignation and defeat at Jenny's perseveration in abusing herself, the school psychologist and I lingered after school searching, questing for some solution, some way to save her from herself. It was like watching someone slowly committing suicide and being powerless to help. It wasn't just an issue of these "professionals" being unable to catalyze a change but it was a moral issue.

Every behavioral management technique demonstrated to be effective with self-abuse had failed with Jenny. We weren't able to change her, we were unable to control her. Should we accept that we couldn't change her and place her in some sort of custodial restraint, (where her arms and feet would be restrained to prevent injury) and by doing so eliminate any possibility for independence and cognitive development?

But why? Why did she hit? In AA there is a saying "Alcohol is just the symptom not the problem". In other words, alchoholics drink in a way to anaesthetize fears, pains, resentment, anger. Why did Jenny hit? Was hitting perhaps the symptom, not the problem?

I spoke of how obsessed I was with changing Jenny and how she was a sort of metaphor of what had caused me the greatest professional grief in my life, she as my nemesis. I couldn't seem to control my husband, the dog, the elements and this caused me undue stress and anguish. Now in this one instance where my obsession to control, to help someone change was so purely motivated, I still couldn't seem to affect any change. If she would only do what I wanted her to do, her life would be so greatly enriched.

But what was she trying to tell us? Did she want what I wanted, some control? Did she just want to be accepted unconditionally?

The psychologist and I continued to hypothesize as to why she was hitting. Behavior techniques are often most proficient in remediating behaviors but they fail to address the 'why'. Why did the drive to abuse persist? Was the behavior the symptom not the problem? Was she telling us that some affective/developmental need was not being met? Had her sensory deprivation been some sort of barrier to the mother-infant bonding? Was she suffering some form of marasmus? Was she craving touching and did she use slugging herself as a means to force people to touch her?

To touch her, hold her. Like a light in the darkness, this thought came to us. We would love her till she loved herself.

We would develop a program, a totally new program not found in any studies or the literature that was designed to treat the self-injurious behavior while at the same time addressing the causes. We would hold Jenny all day long, massaging her, rocking her, touching her. (We later came to call this Sensory Affective Training).

In the event that she hit while we were holding her she would be told 'No' by signing it to the lips. (To the lips as she seemed a bit stuck at the oral phase of development and it seemed it would have more potency signed there.) After signing 'No' for a hit, we placed her in the chair and put the helmet on her. Originally we left the gloves on her at all times to keep the touching and physical interaction to a minimum while placing her in the chair. Once in the chair she remained there for five minutes.

Essentially what we did was to combine traditional behavioral training with a sort of Eriksonian approach to treating the child. We were addressing the social, emotional, developmental

and behavioral needs simultaneously.

This plan was written up according to the intermediate school district's guidelines and we met with her mother (an exceptional parent who unconditionally supported any efforts made by the staff to remediate her child's behavior while at the same time remaining Jenny's greatest advocate) who agreed to have her daughter participate in the proposed program. We were embarking on a journey on as yet uncharted waters, revoulutionary in concept because we were no longer trying to control the child, but we humbly took the child's lead and gave her what she had been asking for all along, touch, love and some control.

Erikson (1950), the developmentalist, would say that we were addressing Jenny's psycho-social development by providing her an opportunity to establish trust, as autonomy in a child would not be achieved by a child until they had resolved the 'trust vs mistrust' conflict of childhood.

Fraiberg (1977), the psycho-sociologist, would say that we were giving the child further opportunity to bond, the establishment of bonding between mother and child having been impaired due to Jenny's sensory handicaps.

Skinner, the behaviorist, would say that we had provided her with the most powerful reinforcing condition (us, human contact), coupled with the punishing consequence of being removed from us.

Busgalia, the love guru, would say we loved her unconditionally.

And I, a fledgling frustrated teacher, said "I don't know what to do. Let this child tell me what to do and what she needs." I gave up trying to control her and began to let her be the teacher.

Once all the proper documents had been signed and the appropriate persons informed, we began 'sensory/affective training'. (This sort of training could be modified according to the specific needs of the individual.)

In Jenny's case, what we did was provide her a one-to-one ratio for her four and one half hour stay in the behavioral resource classroom. Staff rotated daily so as to prevent burn-out and to eliminate the possibility that Jenny's performance was based on a bond to one individual. (Again and again as special educator I had encountered students whose performance was based only on an intense, loving relationship to one staff member, and this prevented them from generalizing their learning to other environments.)

The staff member and Jenny went to a partitioned area of the classroom. The area was filled with comfortable furniture, beanbag chairs and oversized pillows. (I frequently joked that the room reminded me of a brothel.) Staff was to sit where they were most comfortable and hold Jenny. There were only two directives for staff in carrying out the sensory affective training. 1.) Don't do anything else but be with Jenny. (On occasion when Jenny would doze, staff was tempted to put their attentions elsewhere. I insisted that they do nothing but be with Jenny for Jenny would sense that they were somewhere else - and the trust, the 'I am your priority' bond would break down. 2.) And most importantly, we were to follow Jenny's lead. If she wanted her arm rubbed, rub it. Listen to Jenny and she will teach us what she needs.

We were never to prevent Jenny from hitting. If we saw her fist ball up and her arm threateningly go to her face, we were not to redirect it or stop it. If the behavior didn't occur there could be no training.

I will always remember the first day of training as I was the staff member responsible for carrying out the plan that day. She hit herself twenty four times. Twenty four times I signed

'no' to her lips, jumped up off the pillows on the floor and carried her to the padded chair. (The chair was placed outside of the partitioned area, so as to say to Jenny, "This place where we hold you is the safest and most loving place in the world.") When she hit I would place her in the chair, put on helmet and tray. (This equipment was used not only to protect her from any potential harm but to eliminate the opportunity for Jenny to inflict pain on herself, which we felt was reinforcing to her.)

I was physically and emotionally exhausted by the end of the first day. But Jenny had hit herself only twenty four times over the entire day. Twenty four times!, not the three hundred or four hundred times I had observed her to do in one hour.

The next day there were twenty one hits. The folowing day nine hits. We continued the procedure day after day. There were occcasional days of zero hits! Four and one half hours where Jenny was free of the desire to hurt and destroy herself. We continued the procedure month after month. There were occasional weeks of zero hits! The need to injure herself was diminishing.

As Jenny began to feel safe from herself, we watched her spontananeously fade herself from us and venture out into the world. She would push staff away and crawl over to a different chair and rock. Then she would crawl a bit further. Next pulling herself to stand and stay by the window ledge, bouncing up and down. She was beginning to put trust to the test, (the next step in psycho/social development). We took the mitts off. No increase in hitting.

The frequency of hits remained consistently low with no more than an average of two hits per day.

She became more and more autonomous and curious. We were thrilled for her and yet concerned that unless we gave her something more to hold on to, a means to control and communicate in the world, she might be forced to resort back to hitting.

We very slowly included her in the regular classroom program, starting with the most positive components, i.e., snacktime. As she successfully integrated (success being defined as independent participation without an increase in self-abuse) into one curriculum area, she was included in another. When she began a toilet program, we eliminated the use of the padded chair and tray. (The aversive part of her program was changed so she would not be restricted in her movement in the environment and could be carried out in any place. In the instance that Jenny hit, we would sign 'no' to her, sit her on the floor and place mitts and helmet on her. This proved to be a most powerful consequence for her hitting behaviour.) It has always been my feeling that this procedure was successful in reducing the self-injurious behaviour not because it was powerfully aversive, but rather Jenny, like any normal child, craved our love and approval, preferring it to her private world of self-abuse.

When Jenny began participating in the regular school day, a most dedicated and talented instructional aide began an intensive signing program. A'la Annie Sullivan and Helen Keller, this woman worked with Jenny signing and signing, waiting for her to make the connection that by moving ones hands a particular way you will be able to get your needs met. And one day, just like in the movie, Jenny, on her own and without any prompting, stuck out her pointer finger, brought it up to her teeth and moved it up and down. Toothbrush! She wanted her toothbrush. She understood.

Jenny, the royal one, who was eight years old when I met her, is now eleven. She is able to take care of all her basic needs with minimal assistance, toileting, feeding and doing most of her own dressing. She can trail down the hall, using a staff's arm as a guide. When staff signs for her to sit down, she signs stand up and pops out of the chair, making a joke at staff's expense. She spends her days and nights free of restraints. She no longer has to be tied up at night for fear that she'll wake in the night and begin an abusive episode that could result in stitches or a fracture. She still on occasion

hits herself, usually as a result of frustration or testing to see if staff will be consistent in prohibiting her from hurting herself. There's sort of a regal arrogance to her carriage, the proud, like one who has climbed to the top of the mountain.

Jenny has now left our program and has been enrolled in a state program for blind students, a program designed to meet the very special educational needs of a deaf/blind child.

Jenny will never be 'normal', but she is now in the position to become her best and highest self. To me she is a miracle. I feel grateful to have witnessed the miracle of her. When she left, the lessons she taught remained. Lessons, perhaps that could be used by other professionals. She was the catalyst of a behavioral program, 'sensory affective training' which has potential for effectively treating other self-injurious handicapped children. She taught us to ask the questions, 'What does the child need?', 'What is the child asking for?'. And once again she taught the lesson that the only kind of love, the greatest love, is unconditional. By moving out of traditional educational practice and therapy, we might find solutions not only to professional dilemmas, but to personal ones. Only in letting go is there freedom.

Fly Jenny. Thanks Jenny!